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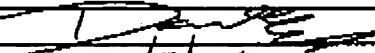
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24498 7590 02/05/2007

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Daniel Gold	(Depository name)
	(Signature)
5/2/07	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
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10/776,585 02/11/2004

Carlos Correa

PD980059

7274

TITLE OF INVENTION: METHOD AND APPARATUS FOR PROCESSING VIDEO PICTURES, IN PARTICULAR FOR LARGE AREA FLICKER EFFECT REDUCTION

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$300	50	\$1700	05/07/2007

EXAMINER	ART UNIT	CLASS-SUBCLASS
DESIR, JEAN WICEL	2622	348-447000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). i. Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. <input type="checkbox"/> "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.	<input type="checkbox"/> Joseph J. Laks <input type="checkbox"/> Harvey D. Fried <input type="checkbox"/> Sammy S. Henig
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3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Thomson Licensing

Boulogne-Billancourt, FRANCE

Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

4a. The following fee(s) are submitted:

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 Publication Fee (No small entity discount permitted)
 Advance Order - # of Copies 4

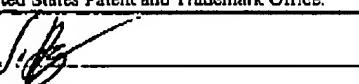
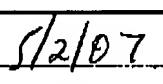
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 The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 07-0832 (enclose an extra copy of this form).

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a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.
 b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature Date 

Typed or printed name Sammy S. Henig

Registration No. 30,263

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